

A word for Ingleby

DEAR SIR

I was very interested to read your recent review of the book edited by David Ingleby, *Critical Psychiatry; The Politics of Mental Health* (*Bulletin*, August, p. 149). Like yourself, I was most impressed with Ingleby's contribution relative to the other authors, but in contrast to yourself, I understood what he had to say in a slightly different way which I think needs elaborating so that this important contribution is not lost after an exceedingly critical review.

Some of the current concepts used in family therapy help highlight some of the points that Ingleby was making. Just as a family therapist puts himself at a metalevel to the communication pattern of the family he is trying to help, so Ingleby has put himself at the metalevel to the therapeutic system he is observing. Consequently, it is quite apposite that he concentrates on the relationship of the therapeutic setting to the rest of society as much as, if not more so, on the relationship of the patient to the therapist and definitely more so than on the patient as an individual. He emphasizes the context, leaving more to one side the previous paradigms of intra-psychic psychiatry.

Unfortunately, just as family therapy concentrates on relationships and the processes going on between people, so does Ingleby's view of psychiatry, and the disadvantage that

this brings with it is that it is not possible, and I would add appropriate, to use the normal scientific criteria in order to assess the value of this approach where the individual meanings of the experiences of the participants accentuate the subjective element in the interpretation and lead to what may appear to be a lack of intellectual rigour. The criteria that would seem to be more helpful to judge his work would be whether it was helpful in broadening one's ability to cope with situations in the future where one wished to be of assistance to patients but the larger social context in which one was operating made this more difficult. In other words, this work can help one by placing one's therapy within a social culture to enable one to see the more covert pressures which can affect one's work.

It was my impression on reading this book that some of the other contributors minimized some of the thoughtfulness of what Ingleby had to say by their much more dogmatic assertions of 'the correct' way of perceiving problems experienced by patients. I found some of their contributions exceedingly irritating because of this, but it is my impression that Ingleby avoided that morality of imposing his view as being the correct one, but hoped that it was facilitating.

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Reviews

Care in the Community: A Consultative Document on Moving Resources for Care in England. 1981. DHSS. Free of charge.

The community care debate has long proved more durable than decisive. Now the Secretary of State for Social Services has issued a consultative document whose opening paragraph states with admirable confidence that 'most people who need long-term care can and should be looked after in the community . . . This is what most of them want for themselves and what those responsible for their care believe to be best'.

There is no doubt that this is a most important document, aiming, as it does, at finding ways of transferring certain patients and the resources for their care from the National Health Service to social services departments. The report has in mind particularly the elderly, the mentally ill and the mentally handicapped. It is felt that the last are a group more easily dealt with in these terms. Certainly the problems of the mentally ill are far more complex and there is no guarantee that social services community facilities would necessarily mean a drop in the number of psychiatric patients served by the NHS. The document briefly discusses the nature of the problem for the three groups and gives an idea of the financial and staffing implications of the changes it envisages. A subsequent section explains the present collaboration

arrangements between the NHS and social services departments.

A major part of the document is devoted to examining means of achieving the desired end of transferring patients from hospital to the care of social services. Many would require changes in legislation, and none constitutes a comprehensive solution or is without great attendant administrative and practical difficulties. Seven (by no means mutually exclusive) measures are suggested, viz., extension of existing joint finance arrangements; lump sum or annual payment by health authorities to fund places for transferred patients; transfer of hospital buildings to local authority ownership; pooling of funds to provide services for a particular client group; central transfer of funds from the NHS to social services or central or regional retention of NHS funds which would be released to social services for specific projects; concentrating responsibility for a particular client group in the hands of one authority.

As the report admits, many of these measures are not new and some have already been applied in a limited way. On a national level, however, these measures could create more problems than they would solve, without there being any guarantee that they would provide a better service to the people being cared for. A strong implication in the report is that there should be no increase in overall cost and that what is involved is a transfer of resources. Considering the bureau-

cratic implications alone this may be impossible. In any event it would be a pity if the debate became embroiled in discussion of transfers and demarcations of responsibility rather than in finding ways of helping health and social services to work more closely together.

Whatever criticisms there may be of the document itself, it does carry major implications for all those concerned with the care of patients both in hospital and in the community. It has been circulated widely, and comments are called for by the unrealistically early date of 30 November 1981. The document ends with a list of about two hundred organizations to which it has been sent, but few are as centrally concerned in its implications as the psychiatric profession. (Incidentally, who actually are the Soroptimists International?) The ultimate value of the document will depend not so much on its own content as on the quality of the debate it provokes. We have a duty to respond.

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[The College has convened a Working Party of the Public Policy Committee to consider this document—Eds.]

Criminal Welfare on Trial. Colin Brewer, Terence Morris, Patricia Morgan and Terence North. 1981. The Social Affairs Unit. Pp. 95. £2.65.

The Social Affairs Unit, an independent research and education trust, has published *Criminal Welfare on Trial* as the first in a series *Cases for Contraction?* The press release accompanying the book boasts: *Welfarism an inadequate solution to crime and Punishment not 'care' is the way to deal with young criminals.* By mentioning that the book was published in the aftermath of the street violence at Brixton, Liverpool and Manchester, the press release suggests a connection between the riots and the failure of social workers both to protect society and to reduce crime.

The purpose of the Social Affairs Unit is stated as being to build a systematic literature on the practical outcome of Government efforts at social engineering in the fields of education, health, social welfare, discrimination and criminal rehabilitation. Readers can anticipate another series from the Unit, *Breaking the Spell of the Welfare State: Strategies for Reducing Public Expenditure.*

One essay in *Criminal Welfare on Trial* is provided by Dr Colin Brewer, a consultant psychiatrist and joint author of *Can Social Work Survive?*, which was reviewed and commented on in the September issue of the *Bulletin*. It is entitled 'Compulsory Therapy for Crime: Bad Habits are Not Diseases'. The goal is totalitarian and it is to be achieved by a mixture of extreme radical and reactionary proposals. The thrust of Dr Brewer's cliché-ridden contribution is that the management of delinquents and criminals along the psychotherapeutic lines idealistically proposed by Hubert and East in 1939 has failed. It is very difficult to take some of Dr

Brewer's proposals seriously, for example, he advocates 'some kind of benevolent Gulag ... (for) institutionalized and marginal prisoners ... who merit some kind of "psychiatric" label'. However, it is in the area of consent to treatment that Dr Brewer's views are most remarkable. Thus he suggests that female hormones or castration should be offered to sex offenders, with the alternative of liberty to spend many years in prison. Furthermore, Dr Brewer suggests that probation officers should administer Antabuse to those convicted of drink-related offences. This 'treatment' would be an alternative to imprisonment, a condition of a probation order, and backed-up by some kind of penal sanction.

The rest of the book makes the error of adding a political dimension to views expressed more eloquently and rationally, by Illich, Szasz, and Foucault. Patricia Morgan argues that the 1969 Children and Young Persons Act sacrifices justice to the social workers' needs. She expresses the belief, with which many would sympathize, that the caring bonanza has led to self-generating and expanding intervention, but she goes on to say that permissive regimes have failed and that welfare is in everyone's worst interests. Elsewhere, Professor Terence Morris warns that where the determination of effective sentences lies with the Parole Board rather than the judiciary there are to be found political systems that encourage the central powers of the state and provide a structure which in the wrong political hands could lead towards tyranny.

It is all good polemics fit for *Encounter* and the *Daily Telegraph*, but in reality the situation is the reverse: the crisis has been brought about by the judiciary. Thus Professor Maurice North applauds the view expressed in a UN report: 'If one country in the world (my italics) is storing up trouble for itself by imprisoning large numbers (and a high proportion) of young people, it is Britain'.

Psychiatrists are often exploited for others' ends. Unwittingly, sometimes they give prestige to one party or another in power games, or they add kudos to those involved in their own feats of social engineering. Thus psychiatrists rubber-stamp abortions and they collude in stretching credibility to the limit by invoking mental abnormality in many cases of mercy killing and the murder of infants by their mothers. But they are also dumped when it is expedient to do so, and their fallibility can be ruthlessly exposed, as in the case of Peter Sutcliffe.

I would estimate that there are more tender-minded liberals employed in the welfare professions than tough-minded conservatives. Perhaps some of the latter group impute political motives to the former to the extent that the tender-minded liberals are seen as being engaged in a Marxist conspiracy. This book attempts to break the political stranglehold of the extreme left by suggesting that welfare is cost-ineffective and that its proponents are merely engaged in self-seeking professionalism.

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